

<i>SERFF Tracking Number:</i>	<i>NWLC-125852180</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Nationwide Mutual Insurance Company</i>	<i>State Tracking Number:</i>	<i>40506</i>
<i>Company Tracking Number:</i>	<i>SRTC 2700 - 3 AR</i>		
<i>TOI:</i>	<i>H19G Group Health - Travel</i>	<i>Sub-TOI:</i>	<i>H19G.000 Health - Travel</i>
<i>Product Name:</i>	<i>Travel Program</i>		
<i>Project Name/Number:</i>	<i>Travel Program - 2008 /SRTC 2700-3 AR</i>		

Filing at a Glance

Company: Nationwide Mutual Insurance Company

Product Name: Travel Program

TOI: H19G Group Health - Travel

Sub-TOI: H19G.000 Health - Travel

Filing Type: Form

SERFF Tr Num: NWLC-125852180 State: ArkansasLH

SERFF Status: Closed

Co Tr Num: SRTC 2700 - 3 AR

Co Status:

Author: Susan Coulter

Date Submitted: 10/09/2008

State Tr Num: 40506

State Status: Approved-Closed

Reviewer(s): Rosalind Minor

Disposition Date: 10/13/2008

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Travel Program - 2008

Project Number: SRTC 2700-3 AR

Requested Filing Mode:

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 10/13/2008

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Group Market Size: Large

Group Market Type: Trust

Explanation for Other Group Market Type:

State Status Changed: 10/13/2008

Corresponding Filing Tracking Number:

Deemer Date:

Filing Description:

Nationwide Mutual Insurance Company is making this submission to correct a clerical error on Amendatory endorsement SRTC 2700-3 - AR approved 9/24/2008, under Serff Tr Num: NWLC-125803272. The correction removes "/certificate" under item (v) on page 5.

If you have any questions, please call me at (609) 443-7540 or email me at susan@coulter-and-associates.com.

Otherwise we look forward to your approval.

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 Company Tracking Number: SRTC 2700 - 3 AR
 TOI: H19G Group Health - Travel Sub-TOI: H19G.000 Health - Travel
 Product Name: Travel Program
 Project Name/Number: Travel Program - 2008 /SRTC 2700-3 AR

Company and Contact

Filing Contact Information

Susan Coulter, susan@coulter-and-associates.com
 379 Princeton-Hightstown Road (609) 443-7940 [Phone]
 Cranbury, NJ 08512

Filing Company Information

Nationwide Mutual Insurance Company	CoCode: 23787	State of Domicile: Ohio
1 Nationwide Plaza	Group Code:	Company Type:
Columbus, OH 43215	Group Name:	State ID Number:
(614) 854-3375 ext. [Phone]	FEIN Number: 31-4177100	

Filing Fees

Fee Required? Yes
 Fee Amount: \$20.00
 Retaliatory? No
 Fee Explanation: Forms filed separately = \$20 for each form.
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Nationwide Mutual Insurance Company	\$20.00	10/09/2008	23079129

SERFF Tracking Number:	NWLC-125852180	State:	Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	10/13/2008	10/13/2008

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<i>Project Name/Number:</i>	<i>Travel Program - 2008 /SRTC 2700-3 AR</i>		

Disposition

Disposition Date: 10/13/2008

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>NWLC-125852180</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Product Name:</i>	<i>Travel Program</i>		
<i>Project Name/Number:</i>	<i>Travel Program - 2008 /SRTC 2700-3 AR</i>		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Authority To File	Approved-Closed	Yes
Form	Amendatory Endorsement	Approved-Closed	Yes

SERFF Tracking Number:	NWLC-125852180	State:	Arkansas
Filing Company:	Nationwide Mutual Insurance Company	State Tracking Number:	40506
Company Tracking Number:	SRTC 2700 - 3 AR		
TOI:	H19G Group Health - Travel	Sub-TOI:	H19G.000 Health - Travel
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Form Schedule

Lead Form Number:

Review Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	SRTC 2700-3 AR	Policy/Cont Amendatory ract/Fratern Endorsement al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Revised	Replaced Form #: SRTC 2700-3 AR Previous Filing #: NWLC-125803272		2008-09-05- NWM AR.pdf



NATIONWIDE MUTUAL INSURANCE COMPANY

AMENDATORY ENDORSEMENT

This endorsement is made a part of the Policy/Certificate to which it is attached. This endorsement is subject to all of the provisions and limitations of the Policy/Certificate. If there is a conflict between the Policy/Certificate and the endorsement, the terms of the endorsement will govern.

[Face page, the following added:

[All premium is non-refundable after a [10 day] review period. In the event the premium paid for coverage is less than the required premium for coverage, benefits will be paid in direct proportion of the actual amount paid to the required premium due]

[General Definitions, the following is amended to read as follows:

[Bodily Injury] means identifiable physical injury which: is caused by an Accident and is independent of disease or bodily infirmity.]

[Covered Vehicle] means any vehicle registered to the Insured and used while on his/her scheduled [Timeshare Trip] [Covered Trip].]

[Dependent] means lawful spouse [or Domestic Partner] [and/or] unmarried children under [19] years of age.]

[Effective Date] means 12:01 A.M. local time, at the location of the Insured, [on the [day] [day after] the required premium for such coverage is received by the Company or its authorized representative] [on the Scheduled Departure Date].]

[Eligible Person] means [a citizen or resident of the United States] [a person] who is covered under a Class of Eligible Persons shown on the Application and who [is scheduled to take a Covered Trip:] [elects coverage]; [the required premium is paid] [the person enrolled for coverage, the Insured's spouse [or Domestic Partner], and unmarried Dependent Children of the Insured who are under 19 years of age (24 if a full-time student)]. [If a mental or physical handicap prevents a Dependent Child from self-support when he/she reaches the termination age, he/she may remain as an Eligible Person under this Policy/Certificate. At the request and expense of the company, proof of such incapacity and dependency must be furnished to the Company.]]

[Family Member] means the Insured's [or Traveling Companion's] legal or common law spouse, ex-spouse, parent, legal guardian, step-parent, grandparent, parents-in-law, grandchild, natural or adopted child, step-child, children-in-law, brother, sister, step-brother, step-sister, brother-in-law, sister-in-law, aunt, uncle, niece or nephew, [cousin,] [Business Partner,] [Domestic Partner] [who reside in the United States, Canada or Mexico].]

[Hazard] means:

[a) Any delay of a Common Carrier (including Inclement Weather).]

[b) Any delay by a traffic accident en route to a departure, in which the Insured or Traveling Companion is not directly involved.]

[c) Any delay due to lost or stolen passports, travel documents or money, quarantine, hijacking, unannounced strike, natural disaster, civil commotion or riot.]

[d) A closed roadway causing cessation of travel to the [Participating Organization] [destination of the Covered Trip] (substantiated by the department of transportation, state police, etc.)]

[e) Mechanical breakdown of the Insured's Covered Vehicle while en-route to or on his/her scheduled [Timeshare Trip destination] [Covered Trip destination].]

[Physician] means a licensed practitioner of medical, surgical or dental services[, or a Christian Science Practitioner,] acting within the scope of his/her license. The treating Physician may not be the Insured, a Traveling Companion or a Family Member.]

[Pre-Existing Condition] means any injury, sickness or condition of the Insured, [Traveling Companion] [Family Member booked to travel with the Insured] [the Insured's and/or Traveling Companion's Family Member] for which within the [sixty (60)] day period prior to the Effective Date under this Policy/Certificate (a) first manifested itself or exhibited symptoms which would have caused one to seek diagnosis, care or treatment; (b) required taking prescribed drugs or medicine, unless the condition for which the prescribed drug or medicine is taken remains controlled without any change in the required prescription; or (c) required medical treatment or treatment was recommended by a Physician.]

[The Pre-Existing Conditions exclusion is waived if the Insured enrolls in this Policy/Certificate at the time the Insured pays the deposit required for his or her Trip [(or within [10] [days] of the initial deposit)] and the Insured purchases this Policy/Certificate for the full cost of his or her Trip.][Such an Injury or Sickness will continue to be a Pre-Existing Condition until the earlier of:

(a) the expiration of [12] consecutive months, beginning with the Effective Date of coverage for which the Insured has not received any medical care, consultation, diagnosis, or treatment or has not taken any prescribed drug or medicine on account of such condition; or

(b) the expiration of [24] consecutive months, beginning with the Effective Date of coverage.] [Taking maintenance medications for a condition that is considered stable shall not be cause for Exclusion.]]

[Terrorist Attack] means [an incident deemed an act of terrorism by the U.S. Department of State] [and] [an act of violence, other than civil commotion, insurrection or riot (that is not an act of war, declared or undeclared), that results in loss of life or major damage to property, by any person acting on behalf of, or in connection with, any organization which is generally recognized as having the intent to overthrow or influence the control of any government].]

[Travel Supplier] means tour operator, cruise line, airline, hotel, [travel agency,] etc. who has made the land and/or sea arrangements.]

[General Definitions, the following is added:

[Child Caregiver] means an individual [[employed for the purpose of] providing basic childcare service needs for the Insured's minor children under the age of [18] while he/she is on the Covered Trip without the minor children. [The Child Caregiver must be employed by the Insured or his/her Family Member.]] [providing basic childcare service needs for the Insured's minor children under the age of [18] while he/she is on the Covered Trip without the minor children. The arrangement of being the Child Caregiver while the Insured is on the Covered Trip must be made [30] or more days prior to the Scheduled Departure Date.]]

[Domestic Partner] means [a person with whom the Insured resides and can show evidence of cohabitation (including the shared responsibility for basic living expenses) for at least the previous six months and has an affidavit of domestic partnership, if recognized by the jurisdiction within which the Insured resides.] [a person who is at least 18 years of age with whom the Insured resides and can show evidence of cohabitation and shared financial assets and obligations for at least the previous six months and has an affidavit of domestic partnership, if recognized by the jurisdiction within which the Insured resides.]]

[Medically Necessary] means a service or supply which: (a) is recommended by the attending Physician; (b) is appropriate and consistent with the diagnosis in accord with accepted standards of community practice; (c) could not have been omitted without adversely affecting an Insured's condition or quality of medical care; (d) is delivered at the most appropriate level of care and not primarily for the sake of convenience; and (e) is not considered experimental unless coverage for experimental services or supplies is required by law.]

[Published Penalties] means any published cancellation penalties issued by the Insured's travel agency or Travel Supplier that apply to all clients of the travel agency or Travel Supplier and can be documented at time of the Covered Trip sale. The Insured must be in the Travel Supplier's penalty period. The maximum amount reimbursable under the travel agency's Published Penalties is [10%] of the Covered Trip cost (excluding taxes and other non-commissionable items) or 10% of the amount the Insured has paid, whichever is less. Maximum payable under any one claim is the Covered Trip cost, excluding taxes and other non-commissionable items.]

[Tuition Expenses] means all pre-paid non-refundable expenses charged by the school for the Insured's participation in the school's academic period. These expenses include tuition, room and board through the school only. Off-campus rooms, meals, books or fraternity/sorority charges are not included.]

[Veterinarian] means a licensed practitioner pertaining to the medical and surgical treatment of animals, especially domesticated animals acting within the scope of his/her license. The treating Veterinarian may not be the Insured, a Traveling Companion or a Family Member.]

[General Provisions, the following is amended to read as follows:

[ARBITRATION - Notwithstanding anything in this Policy/Certificate to the contrary, any dispute arising out of or relating to this contract, or its breach, will be settled by arbitration administered by the American Arbitration Association in accordance with the Uniform Arbitration Act (710 ILCS 5/1 et seq.) except to the extent provided otherwise in this clause. Judgment upon the award rendered in such arbitration may be entered in any court having jurisdiction thereof. All fees and expenses of the arbitration shall be borne by the parties equally. However, each party will bear the expense of its own counsel, experts, witnesses, and preparation and presentation of proofs. The arbitrators are precluded from awarding punitive, treble or exemplary damages, however so denominated. If more than one Insured is involved in the same dispute arising out of the same Policy/Certificate and relating to the same loss or claim, all such Insureds will constitute and act as one party for the purposes of the arbitration. **Such arbitration will be voluntary, will be by mutual consent by all parties, and will be non-binding. Nothing in this clause will be construed to impair the rights of the Insureds to assert several, rather than joint, claims or defenses.]**

WHEN AN INSURED'S COVERAGE BEGINS – [Provided:

[(a) coverage has been elected]; [and]

[(b) the required premium has been paid,]]

[all coverage [(except Trip Cancellation)] will begin at 12:01 A.M. local time, at the location of the Insured, on the Scheduled Departure Date.] [Trip Cancellation coverage will begin on the Insured's Effective Date.]

[EXTENDED COVERAGE - Coverage will be extended under the following conditions:

[(a) When the Insured commences air travel from his/her origination point: within [two (2)] days before the commencement of the Land/Sea Arrangements, coverage shall apply from the time of departure from the origination point; or (ii) greater than [two (2)] days before the commencement of the Land/Sea Arrangements, the extension of coverage shall be provided only during his/her air travel.]

[(b) If the Insured returns to his/her origination point: within [two (2)] days after the completion of the Land/Sea Arrangements, coverage shall apply until the time of return to the origination point; or (ii) greater than [two (2)] days after the completion of the Land/Sea Arrangements, the extension of coverage shall be provided only during his/her air travel.]

[(c) If the Insured is a passenger on a scheduled common carrier that is unavoidably delayed in reaching the final destination coverage will be extended for the period of time needed to arrive at the final destination.]

[(d) If the Insured is unavoidably delayed in traveling on the Scheduled Return Date due to a reason covered under this policy/certificate, benefits will be extended for the period of time needed to arrive at the point of origin or to a different final destination.]

[(e) If: (a) the Insured's entire Covered Trip is covered by the policy/certificate; and (b) the Insured's return is delayed by an event specified under Trip Cancellation and Interruption or Trip Delay. This extension of coverage will end on the earlier of: (a) the date the Insured reaches his/her return destination; or (b) [seven (7)] days after the date the Covered Trip was scheduled to be completed.]

In no event will coverage be extended for unscheduled extensions to the Insured's Covered Trip for which premium has not been paid in advance.]

Under **[TRIP] [EXCHANGE] CANCELLATION** and **[TRIP] [EXCHANGE] INTERRUPTION**, item [(f)] is amended to read as follows:

[(f) A Terrorist Incident that occurs in a city listed on the Insured's Trip itinerary and within 30 days prior to his/her Scheduled Departure Date. This same city must not have experienced a Terrorist Incident within the 90 days prior to the Terrorist Incident that is causing the cancellation of the Insured's Trip. Benefits are not provided if the Travel Supplier offers a substitute itinerary. [The Insured's Scheduled Departure Date must be no more than [15] months

beyond his/her Effective Date.] [This benefit only applies if the policy/certificate has been purchased within [10] days of the Insured's [initial] [final] payment for the Trip [and for the full cost of the Trip].]]

[Under **[TRIP] [EXCHANGE] CANCELLATION** and **[TRIP] [EXCHANGE] INTERRUPTION**, item [(i)] is amended to read as follows:

[(i) The Insured, Traveling Companion or Family Member, who are military personnel, and are called to emergency duty for a natural disaster other than war].]

[Under **[TRIP] [EXCHANGE] CANCELLATION**, item [(l)] is amended to read as follows:

[(l) Bankruptcy and/or Default of the Insured's Travel Supplier which occurs more than [10] days] following the Insured's Effective Date. [Coverage is not provided for the Bankruptcy or Default of the agency from whom the Insured purchased his or her Land/Sea Arrangements.]] [The Insured's Scheduled Departure Date must be no more than [15] months beyond the Insured's Effective Date. Benefits will be paid due to Bankruptcy or Default of an airline only if no alternate transportation is available. If alternate transportation is available, benefits will be limited to the change fee charged to allow the Insured to transfer to another airline in order to get to the Insured's intended destination.] [This benefit only applies if the insurance has been purchased within [10] days of the Insured's [initial] [final] payment for the Trip [and for the full cost of the Trip].]]

[Under **[TRIP] [EXCHANGE] CANCELLATION**, item [(m)] is amended to read as follows:

[(m) An Insured is terminated, or laid off from employment, subject to [five (5)] years of continuous employment at the place of employment where terminated [through no fault of his/her own].]]

[Under **[TRIP] [EXCHANGE] INTERRUPTION**, the second reference to item [(h)] is amended to read as follows:

[(j) Bankruptcy and/or Default of the Insured's Travel Supplier which occurs more than [10] days] following the Insured's Effective Date. [Coverage is not provided for the Bankruptcy or Default of the agency from whom the Insured purchased his or her Land/Sea Arrangements.]] [The Insured's Scheduled Departure Date must be no more than [15] months beyond the Insured's Effective Date. Benefits will be paid due to Bankruptcy or Default of an airline only if no alternate transportation is available. If alternate transportation is available, benefits will be limited to the change fee charged to allow the Insured to transfer to another airline in order to get to the Insured's intended destination.] [This benefit only applies if the insurance has been purchased within [10] days of the Insured's [initial] [final] payment for the Trip [and for the full cost of the Trip].]]

[Under **[TRIP] [EXCHANGE] INTERRUPTION**, item [(j)] is amended to read as follows:

[(j) An Insured is terminated, or laid off from employment, subject to [five (5)] years of continuous employment at the place of employment where terminated [through no fault of his/her own].]]

[Under **[TRIP] [EXCHANGE] INTERRUPTION**, the following is added:

[(m) Strike that causes complete cessation of services for at least [48] consecutive hours.]

[(n) Weather [at the departure site] that causes complete cessation of services [of the Common Carrier] [for at least [48] consecutive hours] [and prevents the Insured from reaching his or her destination].]

[(s) Sickness, Accidental Injury or death of the Insured's Child Caregiver which results in medically imposed restrictions as certified by a Physician at the time of Loss preventing the Insured's continued participation in the Covered Trip. A Physician must advise the Child Caregiver is unable to provide basic childcare services while the Insured is on the Covered Trip on or before the Scheduled Departure Date.]

[(t) A weather delay at the sporting competition which the Insured is specifically traveling to [more than [150] miles from the primary residence] causing the sporting competition to be rescheduled to a date when the Insured is not scheduled to be at the location or cancelled.]]

[Under **[TRIP] [EXCHANGE] CANCELLATION** and **[TRIP] [EXCHANGE] INTERRUPTION**, the following is added:

[(o) A Terrorist Attack (or Attacks) occurs in the Insured's departure city or in a city which is still a scheduled destination for the Insured's Covered Trip, provided: the Terrorist Attack (or Attacks) occurs within [thirty (30)] days of the scheduled departure date for the Insured's Covered Trip or during the Insured's Covered Trip.] [This benefit only applies if the insurance has been purchased within [10] days of the Insured's [initial] [final] payment for the Trip [and for the full cost of the Trip].

[(p) The Insured or Traveling Companion is delayed or has arrangements cancelled by a Common Carrier due to delays resulting from inclement weather, mechanical breakdown, or organized labor strikes that affect public transportation, provided:

[(a) the scheduled carrier connecting times must be no less than [ninety (90)] minutes; and

[(b) the scheduled time between arrival at the scheduled Covered Trip departure city and the scheduled Covered Trip departure is [four (4)] hours or longer;]

[(q) The Insured or Traveling Companion is called into active military service to provide aid or relief in the event of a natural disaster;]

[(r) The Insured or Traveling Companion has a transfer of employment of [250] miles or more;]

[(u) The Insured or Traveling Companion being required to work during the Covered Trip. Proof of requirement to work, such as a notarized statement signed by an officer of the Insured or Traveling Companion's employer must be presented;]

[(v) The Insured's or Traveling Companion's company being made unsuitable for business by fire, flood, burglary, vandalism or other natural disaster and the Insured or Traveling Companion is responsible for policy and decision making with the company and is directly involved as a member of the disaster recovery team;]

[(w) The Insured's or Traveling Companion's company being directly involved in a merger, acquisition, government required product recall or bankruptcy proceedings. The Insured or Traveling Companion must be an active employee of the company and must be directly involved in said event;]

[(x) The Insured or Traveling Companion has a previously approved military leave revoked or experience a military re-assignment.]]

[Under **[TRIP] [EXCHANGE] CANCELLATION**, the following is added:

[(s) Sickness, Accidental Injury or death of the Insured's Child Caregiver which results in medically imposed restrictions as certified by a Physician at the time of Loss preventing the Insured's participation in the Covered Trip. A Physician must advise the Child Caregiver is unable to provide basic childcare services while the Insured is on the Covered Trip on or before the Scheduled Departure Date.]

[(t) A cancellation of the Insured's Covered Trip if the Insured's arrival on the Covered Trip is delayed and causes the Insured to lose [50%] or more of the scheduled Covered Trip duration due to a Hazard;]

[Under **[TRIP] [EXCHANGE] CANCELLATION**, the first sentence is amended to read as follows:

The Company will pay a benefit, up to the Maximum Benefit shown on the Schedule, if the Insured is prevented from taking his/her Covered Trip for any of the following reasons that take place after the Effective Date:]

[Under **[TRIP] [EXCHANGE] CANCELLATION**, under the portion entitled, "The Company will reimburse the Insured for the following," item [(a)] is amended to read as follows:

[a] [non-refundable cancellation charges imposed by the Participating Organization [and/or][Travel Suppliers]] [pre-paid, forfeited, non-refundable payments or deposits the Insured paid for his/her Covered Trip provided the premium paid is received by the Company (or its authorized representative) and the Insured insures all prepaid Covered Trip costs [that are subject to cancellation penalties or restrictions]]:]

[Under **[TRIP] [EXCHANGE] CANCELLATION**, under the portion entitled, "The Company will reimburse the Insured for the following," item [(d)] is amended to read as follows:

[(d) Tuition Expenses not refunded by the Participating Organization;]]

[Under **[TRIP] [EXCHANGE] INTERRUPTION**, the portion entitled, "The Company will pay for the following," is amended to read as follows:

The Company will reimburse the Insured for the following:

[a] [unused, non-refundable land or sea expenses prepaid to the Participating Organization [and/or][Travel Suppliers]] [unused portion of the pre-paid, forfeited, non-refundable payments or deposits the Insured paid for his/her Covered Trip provided the premium paid is received by the Company (or its authorized representative) and the Insured insures all prepaid Covered Trip costs [that are subject to cancellation penalties or restrictions];]

[b] the airfare paid less the value of applied credit from an unused travel ticket, to return home, join or rejoin the original Land/Sea Arrangements limited to the cost of one-way economy airfare [or similar quality as originally issued ticket] by scheduled carrier[, from the point of destination to the point of origin shown on the original travel tickets];]

[(c) unused, non-refundable Tuition Expenses;]

[d] unused portion of the confirmed Exchange;]

[(e) unused, non-refundable hotel cancellation expenses prepaid to the [hotel,] [Participating Organization] [and/or] [Travel Supplier] provided the premium paid is received by the Company (or its authorized representative) and the Insured insures all prepaid Covered Trip costs [that are subject to cancellation penalties or restrictions.]]

[Under **[TRIP] [EXCHANGE] CANCELLATION**, under the portion entitled, "The Company will reimburse the Insured for the following," item [(e)] is amended to read as follows:

[e] If the Insured's Travel Supplier cancels the Insured's Covered Trip, the Insured is covered up to [\$100.00] for the reissue fee charged by the airline for the tickets or up to [\$200.00] for the cost charged by the airline to retain the Insured's frequent flyer miles if not used to purchase the airline ticket in conjunction with this Covered Trip. The Insured must have covered the entire cost of the Covered Trip including the airfare.]]

[Under **[TRIP] [EXCHANGE] CANCELLATION**, under the portion entitled, "The Company will reimburse the Insured for the following," the following is added:

[f] The fees incurred by the Insured for re-depositing frequent traveler awards (frequent flyer miles, hotel point rewards, etc.) in his/her account if he/she used awards for any part of a Covered Trip which is canceled for a covered reason. The Company will not pay more than an aggregate amount of [\$500.00] for all Covered Trips during the Individual Coverage Term and for fees paid for re-depositing frequent traveler awards;]

[g] Up to [\$1,000] [in lodging] and/or [land/airfare charges] [(limited to the cost of one-way Economy Airfare by scheduled Common Carrier, from point of origin shown on the Insured's original travel tickets)] [as well as lodging for the same occupancy and likeness of pre-paid unit] if the Property Management Company requests to change the Insured's pre-paid reservation location for his/her Trip [by more than [250] miles due to damage or conditions that first occurred no longer than [60] days prior to his/her scheduled arrival date at his/her pre-paid destination] [or] [because the resort is damaged by [a Terrorist Incident,] [resort employee strike,] fire, flood or other natural disaster which occurs no longer than [60] days prior to his/her scheduled arrival date].

[h] any Published Penalties.]]

[Under **[TRIP] [EXCHANGE] CANCELLATION**, SPECIAL CONDITIONS is amended to read as follows:

The Insured must advise the Participating Organization and the Company [within [72 hours]] [as soon as possible] in the event of a claim. [If the claim is not reported within [72 hours], it should be reported as soon as possible. All other delays of reporting beyond [72 hours] will result in reduced benefit payments.] The Company will not pay benefits for any additional charges incurred that would not have been charged had the Insured notified the Participating Organization as soon as reasonably possible.

[Under **BAGGAGE/PERSONAL EFFECTS**, the opening paragraph is amended to read as follows:

The Company will reimburse the Insured, [the Insured's Family Member][the Insured's Traveling Companion] up to the maximum shown on the Schedule, for loss, theft or damage to baggage and personal effects, [including, but not limited to sporting equipment,] provided the Insured has taken all reasonable measures to protect, save and/or recover his/her property at all times. The baggage and personal effects must be owned by and accompany the Insured during the Covered Trip.

[Under **BAGGAGE/PERSONAL EFFECTS**, the following is added:

[The Company will reimburse the Insured, [the Insured's Family Member] [the Insured's Traveling Companion] up to the maximum shown on the Schedule, for loss, theft or damage to a laptop, PDA (Personal Digital Assistant), and/or cell phone provided all reasonable measures have been taken to protect, save and/or recover the property at all times. The laptop, PDA and/or cell phone must be owned by and accompany the Insured [the Insured's Family Member,] [the Insured's Traveling Companion,] during the Covered Trip. There will be a deductible of [\$150] per occurrence. All reported losses must be accompanied by a report from the airline, airport, police or other such authority.]

[Under **TRIP DELAY**, the opening paragraph is amended as follows:

The Company will reimburse the Insured for Covered Expenses [on a one-time basis], up to the maximum shown in the Schedule, if the Insured is delayed en route to or from the Covered Trip for [twelve (12)] or more hours due to a defined Hazard:

[Under **TRIP DELAY**, Covered Expenses, the following is added:

- (e) [One movie rental up to \$25.00, in the event the Insured's delay results in an overnight stay (other than his/her home residence) if he/she is delayed en route to or from the Covered Trip. This does not include movie rentals that are rated "X" or above by the Classification and Rating Administration (CARA).]
- (f) [Up to [\$50] for expenses incurred at a sponsored airline club at the airport during the time the Insured is experiencing a Common Carrier delay. Receipts for the expenses incurred must be submitted for reimbursement.]
- (g) [Up to [\$25] for expenses incurred directly related to Internet usage fees incurred during the time the Insured is experiencing a Common Carrier delay. Receipts for the expenses incurred must be submitted for reimbursement.]

Under **TRIP DELAY**, the following is added:

[If the Insured is delayed by a Common Carrier while en route to his/her return destination after the Covered Trip is completed and has placed his/her cat or dog in a kennel for the duration of the Covered Trip and the Insured is unable to collect them on the day previously agreed with the kennel, benefits will be paid at [\$25 per day], on a one-time basis, up to the Maximum Benefit amount shown on the Schedule to cover the necessary additional kennel fees.

The Insured must provide the following documentation when presenting a claim for these benefits:

- a) Written confirmation of the reasons for delay from the Common Carrier whose delay resulted in the loss, including but not limited to, scheduled departure and return times and actual departure and return times;
- b) Written confirmation from the kennel advising the original pick-up date and the actual pick-up date.]]

[Under **EMERGENCY EVACUATION** and the **EMERGENCY EVACUATION** portion of **EMERGENCY EVACUATION AND REPATRIATION OF REMAINS**, under "Emergency Evacuation means," item (a) is amended to read as follows:

(a) the Insured's medical condition warrants immediate transportation from the place where the Insured is injured or sick to the [nearest Hospital] [Hospital of the Insured's choice] where appropriate medical treatment can be obtained;]

[Under **EMERGENCY EVACUATION** and the **EMERGENCY EVACUATION** portion of **EMERGENCY EVACUATION AND REPATRIATION OF REMAINS**, the following is added:

[If the Insured suffers an Injury or Sickness while on the Covered Trip, which results in hospitalization and the attending Physician advises him/her against driving his/her vehicle home, the Company will pay the charges imposed up to [\$5,000] to return the unattended vehicle to his/her primary residence. This coverage is only afforded to non-commercial vehicles.]

[If the Insured's cat or dog is traveling with him/her and is left unattended as a result of his/her hospitalization, the Company will pay for the cost to transport, up to the Maximum Benefit amount shown on the Schedule, to return the

pet to his/her primary place of residence. Covered expenses are for transportation expenses only. Expenses to kennel the pet are not reimbursable under this benefit.]]

[Under **EMERGENCY SICKNESS MEDICAL EXPENSE**, item (b) is amended to read as follows:

[(b) charges for Hospital confinement and use of operating rooms;] [Hospital or ambulatory medical-surgical center services [(this will also include expenses for a cruise ship cabin or hotel room, not already included in the cost of the Insured's Covered Trip, if recommended as a substitute for a hospital room for recovery from a Sickness);]]

[Under **EMERGENCY ACCIDENT MEDICAL EXPENSE**, item (b) is amended to read as follows:

[(b) charges for Hospital confinement and use of operating rooms;] [Hospital or ambulatory medical-surgical center services [(this will also include expenses for a cruise ship cabin or hotel room, not already included in the cost of the Insured's Covered Trip, if recommended as a substitute for a hospital room for recovery from an injury);]]

[The following benefit is added:

[LOST GOLF ROUNDS

If the Insured is unable to Golf during the Covered Trip due to the inability to complete play on at least 9 holes of an 18 hole round due to weather during the round where the Club Management expressly cancels or puts his/her Golf round on delay or suspension for more than 3 hours on the day of play, and will document same, the Company will reimburse the Insured (on a pro-rated basis) the value of his/her pre-paid Golf tickets or greens fees for each day of the loss of Golf during his/her Covered Trip, up to the Maximum Benefit shown on the Schedule.

"Golf" or "Golfing" means the recreation of playing Golf on an officially registered Golf Course measuring over 4,000 yards with a par rating of at least 68 for 18 holes of play, or that might have multiple 18 hole Courses of at least 4,000 yards each, within the resort and operated by the same management, which is accessed by a prepaid use ticket for rounds, play time, and/or use or admission. However, Golf or Golfing does not include miniature, executive or par-3 courses, or Golf which takes place where discounted rates are in effect for "twilight," early evening, winter season, or nighttime play.

"Course" means land which is specifically and physically maintained for use as a Golf Course and depicted for such on a course card with distance and/or slope and handicap ratings as provided by management. This Lost Golf Rounds benefit is not intended for loss, delay, or suspension of Golf due to actual and/or tangible damage to the Course from any reason whatsoever, regardless of cause.

CONDITIONS – Golfing:

- a) The Insured must have made a confirmed reservation, including a pre-paid deposit, at least [48] hours in advance of his/her tee time with the course management;
- b) The Insured must incur a cancellation charge by the course management if he/she does not play, or lose the value of his/her Golf fees if play is suspended. If the operator issues the Insured a credit, there is no loss.
- c) The Insured or his/her playing group must not have caused any delay by missing or initiating his/her game past the reserved start time for the round;
- d) This benefit applies only to Golfing that takes place during the high season for Golf at the Insured's destination, meaning when the average playing temperature within 20 miles of the Course is expected to be, and is historically measured by local forecast at above 60 degrees Fahrenheit at 12 noon.
- e) Maximum tee time reservations covered is five rounds for any one Covered Trip.

The Insured must provide a copy of the pre-paid Golf receipts and reports from the Resort or Course management stating the date, length of time, and reason for Course closure or reason for cancellation or suspension for which he/she is submitting a claim.]

[The following benefit is added:

[LOST RECREATION DAYS

If the Insured or the Insured's Traveling Companion suffers an Accident [or Sickness] that [first manifests itself and] occurs during his/her Trip which prevents him/her from using his/her seasonal recreational [golf] [or] [ski] membership for more than [30] consecutive days directly following his/her Accident [or Sickness], the Company will pay up to [50%] of his/her pre-paid [season pass] [or] [seasonal golf] [or] [ski] membership fees, provided the [golf] [or] [ski] membership was bought through and is used with the Property Management Company from which this travel protection was purchased [or through a third party]. Note any initiation, transfer or equity type membership or ownership fees, dues or assessments are not covered under this benefit. Any loss, delay or suspension of the Insured's recreational activity due to actual and/or tangible physical damage to the intended recreation site his/her prepaid tickets apply to, for any reason, regardless of cause, is also not covered under this benefit.]

[The following benefit is added:

[TRIP CANCELLATION FOR ANY REASON

If the Insured cancels his/her Trip for any reason not otherwise covered by this policy/certificate, the Company will reimburse him/her for [75%] of the prepaid, forfeited, non-refundable payments or deposits he/she paid for his/her Trip provided:

- a) the Insured's premium payment is received within [15] days of the date his/her initial deposit/payment for his/her Trip is received; and
- b) the Insured insures all prepaid Trip costs that are subject to cancellation penalties or restrictions and also insures within [15] days of the payment for those arrangements the cost of any subsequent arrangements (or any other arrangements not made through his/her travel agent) added to his/her Trip; and
- c) the Insured cancels his/her Trip [two (2) days] or more before his/her Scheduled Departure Date.]

[The following benefit is added:

[PET MEDICAL EXPENSE

If the Insured's cat or dog is accompanying him/her on the Covered Trip and as a result of sickness or accidental injury that first manifests itself or first occurs during the Covered Trip, incurs Emergency Medical Treatment, the Company will pay benefits up to [\$1,000] subject to a [\$50] deductible, if his/her cat or dog incurs Covered Medical Expenses. Emergency Medical Treatment means necessary medical treatment, including services and supplies, which must be performed during the Covered Trip due to the serious and acute nature of the sickness or accidental injury. For purposes of this benefit, Covered Medical Expenses means necessary services and supplies that are recommended by the attending licensed Veterinarian.]]

[The following benefit is added:

[ACCIDENTAL DEATH AND DISMEMBERMENT – COMMON CARRIER

The Company will pay benefits for Accidental Injuries resulting in a Loss as described in the Table of Losses below, that occurs while the Insured is riding as a passenger in or on, boarding or alighting from, any conveyance operated under a license for the transportation of passengers for hire during the Covered Trip. The Loss must occur within 181 days after the date of the Accident causing the Loss. The Principal Sum is shown on the Schedule. [The maximum benefits for any one single Accident is limited to [\$15,000,000] for all Insureds.]

If more than one Loss is sustained as the result of an Accident, the amount payable shall be the largest amount shown in the Table of Losses.

TABLE OF LOSSES	
Loss of:	Percentage of Principal Sum:
Life	100%
Both hands or both feet	100%
Sight of both eyes	100%
One hand and one foot	100%
Either hand or foot and sight of one eye	100%
Either hand or foot	50%

Sight of one eye	50%
[Speech and hearing in both ears	100%
Speech	50%
Hearing in both ears	50%
Thumb and index finger of same hand	25%]

"Loss" with regard to:

1. hand or foot, means actual complete severance through and above the wrist or ankle joints; [and]
2. eye means an entire and irrecoverable loss of sight[;] [.]
3. [speech or hearing means entire and irrecoverable loss of speech or hearing of both ears; and
4. thumb and index finger means actual severance through or above the joint that meets the finger at the palm.]

EXPOSURE

The Company will pay benefits for covered Losses that result from an Insured being unavoidably exposed to the elements due to an Accident of an conveyance operated under a license for the transportation of passengers for hire during the Covered Trip. The Loss must occur within 365 days after the event that caused the exposure.

DISAPPEARANCE

The Company will pay benefits for Loss of life if an Insured's body cannot be located one year after the Insured's disappearance due to forced landing, stranding, sinking, or wrecking of a conveyance operated under a license for the transportation of passengers for hire during the Covered Trip in which he/she was a passenger.]

[Under **LIMITATIONS AND EXCLUSIONS**, item [9] is amended to read as follows:

[9. participation in underwater activities [(does not include recreational swimming)];]

[Under **LIMITATIONS AND EXCLUSIONS**, item [12] is amended to read as follows:

[12. participating in [bodily contact sports [(football, wrestling, ice hockey, rugby, lacrosse, boxing, full contact karate, hurling and rodeo)];] [skydiving;] [hang-gliding;] [parachuting;] [mountaineering;] [any race;] [bungee cord jumping;] [speed contest] [(speed contest shall not include any of the regatta races;)] [scuba diving] [unless accompanied by a dive master] [and] [unless the Insured is certified to dive] [or] [if the depth exceeds [50] feet;] [or] [deep sea diving;] [spelunking or caving;] [heliskiing;] [extreme skiing;] [Bodily contact sports means any sport where the objective is to physically render an opponent unable to continue with the competition such as boxing and full contact karate.]]]

[Under **LIMITATIONS AND EXCLUSIONS**, item [15] is amended to read as follows:

[15. [pregnancy and childbirth (except for complications of pregnancy) [except if hospitalized]] [normal childbirth, normal pregnancy through the first six (6) months of pregnancy or voluntary induced abortion];]

This endorsement takes effect on _____ 12:01 A.M., Standard Time at _____ and it expires concurrently with the Policy/Certificate.

Attached to and made a part of Policy/Certificate No. SRTC XXXX issued to _____ with an original effective date of _____ by _____, but the same shall not be binding on the Company unless countersigned by its duly authorized agent.

Authorized Agent

Date

<i>SERFF Tracking Number:</i>	<i>NWLC-125852180</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Nationwide Mutual Insurance Company</i>	<i>State Tracking Number:</i>	<i>40506</i>
<i>Company Tracking Number:</i>	<i>SRTC 2700 - 3 AR</i>		
<i>TOI:</i>	<i>H19G Group Health - Travel</i>	<i>Sub-TOI:</i>	<i>H19G.000 Health - Travel</i>
<i>Product Name:</i>	<i>Travel Program</i>		
<i>Project Name/Number:</i>	<i>Travel Program - 2008 /SRTC 2700-3 AR</i>		

Rate Information

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>NWLC-125852180</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Nationwide Mutual Insurance Company</i>	<i>State Tracking Number:</i>	<i>40506</i>
<i>Company Tracking Number:</i>	<i>SRTC 2700 - 3 AR</i>		
<i>TOI:</i>	<i>H19G Group Health - Travel</i>	<i>Sub-TOI:</i>	<i>H19G.000 Health - Travel</i>
<i>Product Name:</i>	<i>Travel Program</i>		
<i>Project Name/Number:</i>	<i>Travel Program - 2008 /SRTC 2700-3 AR</i>		

Supporting Document Schedules

Satisfied -Name:	Certification/Notice	Review Status:	Approved-Closed	10/13/2008
Comments:				
Attachments:				
	AR Notice.pdf			
	AR Certification.pdf			

Bypassed -Name:	Application	Review Status:	Approved-Closed	10/13/2008
Bypass Reason:	filing endorsement only			
Comments:				

Satisfied -Name:	Authority To File	Review Status:	Approved-Closed	10/13/2008
Comments:				
Attachment:				
	Letter of authorization - NWM.pdf			

IMPORTANT NOTICE

If you have any complaints regarding this insurance, You may contact the following:

[NATIONWIDE LIFE INSURANCE COMPANY
NATIONWIDE SPECIALTY HEALTH
PO BOX 2399
COLUMBUS OH 43216-2399
800-525-8669]

[If you continue to remain unsatisfied, You may contact the Arkansas Department of Insurance with any complaint. To contact the Department of Insurance, You may write or call them at:

Arkansas Insurance Department
Consumer Services Division
1200 W. Third Street
Little Rock, AR 72201-1904
Telephone: 1-800-852-5494

Date: September 9, 2008

To: Commissioner of Insurance
Arkansas Insurance Department


Re: Nationwide Mutual Insurance Company- Travel Program

Rule and Regulation 19 Certification

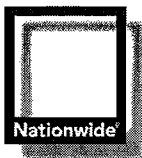
This is to certify that the form being filed complies with the provisions of Rule and Regulation 19 – Unfair Sex Discrimination in the Sale of Insurance and all applicable requirements of the Arkansas Insurance Department.

Signed for Nationwide Mutual Insurance Company by:

Name Please Print: Melissa Gutierrez

Signature: 

Title: VP



Nationwide Mutual Insurance Company
PO Box 2399
Columbus OH 43216-2399
Mail Code C0-03-24

January 2, 2008

To Whom It May Concern:

This letter or a copy thereof, gives authority to Susan Coulter of Coulter and Associates, Inc. to prepare our filing submission, sign certification forms, as appropriate, and correspond with your department on form and rate issues.

We trust this information is satisfactory, however you should have any questions regarding this authorization, please contact our Associate Vice President, Thomas DeNoma.

Please direct all inquiries and correspondence relating to this filing to Ms. Susan Coulter at:
Coulter and Associates, Inc
379 Princeton-Hightstown Road
Suite 15
Cranbury, New Jersey 08512

Phone: (609) 443-7540 Fax: (609) 443-4103 email: susan@coulter-and-associates.com

This authorization shall be valid until revoked by us.

Company Name: Nationwide Mutual Insurance Company

Signature: _____

A handwritten signature in black ink, appearing to read "DeNoma", written over a horizontal line.

General Counsel or Officer's Signature